



Nelson County Chamber of Commerce APPLICATION FOR MEMBERSHIP

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| Annual Dues For Individual Membership | \$ 25.00 |
| Annual Dues for Non-profit Organization with no employees | \$ 25.00 |
| Annual Dues For Business Membership | |
| 10 or less employees | \$ 50.00 |
| 11 – 25 employees | \$ 75.00 |
| Over 25 employees | \$125.00 |

NAME _____
(Applicant for Individual Membership)

NAME of BUSINESS _____
(Applicant for Business Membership)

BUSINESS OWNER OR CEO _____

ADDRESS (City, State, Zip) _____

TELEPHONE _____
(Work) (Home) (Cell)

EMAIL ADDRESS _____

Would you be willing to serve on one of the Chamber's Committees?

Yes No Maybe

Would you be willing to serve on the Board of Directors if nominated and elected?

Yes No Maybe

Do we have permission to list you name/business in membership listings on the Chamber's website and/or Facebook page? Yes No

Note: If this is an application for a Business Membership and the Head of the firm is unable to participate in Chamber activities, please give the name of an individual in your business that would be willing to serve on a committee and/or be the Chamber's contact:

CONTACT NAME _____

Please return with payment to:
Nelson County Chamber of Commerce
P. O. Box 182, Lovingson, VA 22949

For Office Use

Referred by _____ Date _____

Approved by _____ Date _____